

State of New Jersey Office of the Child Advocate



2004 ANNUAL REPORT

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Dear Friends,

Our inaugural year as an investigative and advocacy organization dedicated to New Jersey's most vulnerable children was greatly enhanced by support from many organizations and individuals.

Firstly, we express gratitude to the Governor and Legislature for their ongoing support of this Office.

Thanks, too, to the Administrative Office of the Courts for its assistance with several of our ongoing projects related to permanence for children.

Thank you to the youth, families and child advocates from across the State who took a leap of faith in us this past year and contacted our toll-free helpline for assistance. We do not have all the answers, or a magic wand to wave away every problem, but we have endeavored to meet your trust with hard work, clear information and independent investigation whenever appropriate.

The members of our Board of Advisors have been wise counsel and we thank each of them for their commitment to our mission.

We particularly want to thank the Newark office of Latham & Watkins, LLP, and their dedicated attorneys who donated thousands of hours this year to our investigations into the health care of foster children, and the care of four chronically malnourished former foster children.

We appreciate the cooperation we have received from the Department of Human Services and thank Commissioner Jim Davy, Deputy Commissioner Kathi Way and their staff for their ongoing efforts to reform the child welfare system.

Thanks to the Juvenile Justice Commission, particularly Attorney General Peter Harvey and Executive Director Howard Beyer, for inviting us to participate in the statewide Juvenile Detention Alternatives Initiative.

We also thank them for partnering with us to ensure that juvenile detention officers throughout New Jersey are trained to respond, when necessary, to the needs of children with mental illness during their confinement.

Doctors Tom and Marita Lind of the Center for Children's Support, and Dr. Steve Kairys of Jersey Shore University Medical Center, provided us with hundreds of hours of expert pediatric medical analysis. Thanks to them all.



Kevin M. Ryan, Esq.
Child Advocate

Dr. Bruce Stout and the Violence Institute at UMDNJ offered valuable assistance and support to our investigation into conditions for children with serious emotional disturbance in juvenile detention centers, which we deeply appreciate.

Our thanks to the New Jersey Detention Administrators whose cooperation in fielding myriad information requests and welcoming us repeatedly into their detention centers speaks volumes of their commitment to the work we do.

We thank the Center for Children and Families at the Rutgers University School of Social Work for their full partnership and vast technical expertise in our IAIU monitoring work. We especially appreciate the leadership of Dean Mary Edna Davidson, from our Board of Advisors.

Professors Paul Glasser and William Waldman of the Rutgers School of Social Work and Donna Van Alst, associate director of the Center for Children and Families, dedicated countless hours to the IAIU audit over the course of the last several months, and their contributions have been vital. We also appreciate the important efforts of William Tatum, Fred Lowe, John Klena, Adam Staats and Brenda Francis.

We gratefully acknowledge the support and direction of Professor Diane DePanfilis, whose first audit of IAIU in the winter of 2003 served as a model for our work. Thanks, too, to Professor Giselle Ferretto, a member of the original DePanfilis research team, who traveled to New Jersey to train our team.

We appreciate the collaboration and support of our partner advocacy organizations, namely Legal Services of New Jersey, Children's Rights, Inc., the Association for Children of New Jersey, New Jersey Protection and Advocacy, the Education Law Center, the Statewide Parent Advocacy Network, the Monmouth County Mental Health Association, the American Civil Liberties Union of New Jersey, the New Jersey Child Welfare Panel, and the Annie E. Casey Foundation.

Many thanks to the New Jersey Prosecutors' Association for their cooperation in connection with our child fatality review work, particularly John Kaye of Monmouth County and Vincent Sarubbi of Camden County.

We are indebted to a number of experts and child advocates who provided us with advice and support throughout the year: Anita Appel, Lowel Arye, Kathleen Crenshaw, Michael Critchely, Esq., Dr. Jeff Dickert, David Giles, Esq., Dr. Michael Greene, Dr. Neil Guterman, Dr. Chris Hansen, Gail Houlihan, Craig Levine, Bernice Manshel, Randi Mandelbaum, Esq., Amy Mansue, Colleen Meyer, Sarah Morrison, Richard O'Grady, Dr. Bipin Patel, Amilcar Perez, Esq., Dr. Kathleen Pottick, Dr. Chuck Scott, Melorra Sochet, Esq., Julie Turner, Charles Venti, Dr. Lynn Warner, Dr. Gail Wasserman, and Dr. Debra Wentz.

We have by no means traveled alone on this first leg of the race, and value greatly the company we have kept to bring reform to the systems that serve children and families in New Jersey.

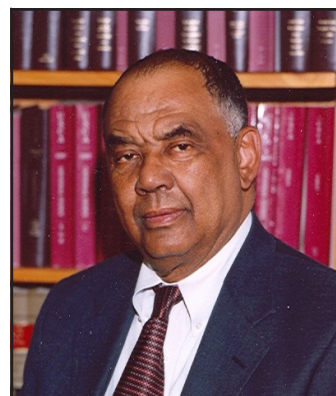
Dear Friends,

It is a pleasure to share with you this first annual report of the Office of the Child Advocate. As Chair of the Board of Advisors, I am continually reminded of the need for a vigorous and independent advocate for the children in New Jersey.

The Office has rigorously probed conditions for children and has left an indelible imprint on our efforts to keep our children safe. We are a better State for the work of this young office.

Many years ago when I served as New Jersey's first Public Advocate, I held fast to the notion that public interest advocacy is about speaking truth to power.

That the Office of the Child Advocate has embraced this value so plainly in its work signals that our children and grandchildren have found a valuable new friend.



Stanley Van Ness, Esq.
Chairman, Board of Advisors
Former New Jersey Public Advocate &
Public Defender

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Cecilia Zalkind, Esq.	Association for Children of New Jersey

Table of Investigative Reports

All reports available online at <http://childadvocate.nj.gov>

Report	Date Released	Description
JACKSON INVESTIGATION: AN EXAMINATION OF FAILURES OF NEW JERSEY'S CHILD PROTECTION SYSTEM AND RECOMMENDATIONS FOR REFORM	February 12, 2004	Report diagnoses pervasive deficiencies in the State child protective system and puts forth five core recommendations for reform, including a revised and expanded safety assessment process; coordinated medical care for foster children; integrated DYFS case practice; post-adoptive supports and the implementation of a quality assurance initiative.
ARTHUR BRISBANE CHILD TREATMENT CENTER INVESTIGATION: AN EXAMINATION OF CONDITIONS OF CARE AND RECOMMENDATIONS FOR REFORM	May 25, 2004	Report documents extensive gaps in care for children in New Jersey's only State-run child psychiatric facility; report concludes gaps in the State mental health system left children cycling through institutions and exacerbated their crises.
ASSESSMENT OF THE HEALTH STATUS OF A SAMPLING OF CHILDREN IN FOSTER CARE	November 9, 2004	Report assesses the State's coordination of health care for a statistically relevant sample of children in out-of-home placements under the supervision of DYFS through four district offices, finding substandard file information, a lack of standardization in pre-placement examinations and inconsistent tracking and coordination of foster children's health care.
JUVENILE DETENTION CENTER INVESTIGATION: AN EXAMINATION OF CONDITIONS OF CARE FOR YOUTH WITH MENTAL HEALTH NEEDS	November 22, 2004	Report documents that youth with mental and behavioral health needs languish in detention; centers are grossly ill-equipped to care for youth with serious emotional disturbances; and youth with mental health needs are at great risk in these facilities.
CHILD FATALITY INVESTIGATIONS: 2004	December 9, 2004	Report details in-depth reviews of the child welfare system's involvement with 12 children who died due to suspected abuse or neglect after a recent involvement with DYFS, evaluating DYFS' performance in providing services to the family and child, as well as the roles played by schools, health care providers and community agencies.

A History of the First New Jersey Office of the Child Advocate



The independent Office of the Child Advocate was created by statute on September 26, 2003. The statute authorizes the Office to investigate, review, monitor and evaluate State agency responses to allegations of child abuse or neglect in New Jersey, and make recommendations for systemic and comprehensive reform.

The Governor and Legislature created the Office following reports of harm to children in State care. Those accounts came to light, in part, by virtue of a federal class action lawsuit championed by Children's Rights, Inc.

Kevin M. Ryan, Esq., was appointed to a five-year term as New Jersey's first Child Advocate. He oversees a staff of child welfare specialists who were recruited from the disciplines of law, the non-profit community, social work, journalism and advocacy.

The Office of the Child Advocate's jurisdiction extends to all public and private settings in which a child has been placed by a State or county agency or department including, but not limited to, juvenile detention centers, group homes, foster homes, residential treatment centers and shelters. In furtherance of its investigative function, the Office of the Child Advocate is deemed a child protective agency and possesses subpoena power, the power to sue state government and the power to conduct public hearings.

On his first day in office in October 2003, the Child Advocate announced three inquiries, each of which developed into full-scale investigations: (1) into the conditions of care and overcrowding at four county detention centers, (2) into the conditions that led to the tragic suicide of 17-year-old E.S. at a detention center in Union County, and (3) into the conditions of care for children at the Arthur Brisbane Child Treatment Center in Wall Township.

Ten days later, the Office learned of the discovery of four severely malnourished children in Collingswood and immediately began an investigation into their extensive involvement with New Jersey's child welfare system.

During the course of this first year, the Office undertook additional projects including a Children's Health Initiative, an examination into conditions of care for children with developmental disabilities, a monitoring initiative into the State's Institutional Abuse Investigation Unit, and launched the Bureau of Citizen Complaints, the Office's toll-free complaint helpline.

The New Jersey Child Welfare Reform Plan

The State undertook a historic reform of its child welfare programs in 2004 by adopting a comprehensive, multi-year overhaul plan. This blueprint calls for major changes across public agencies and includes a significant investment in new State funds.

Our monitoring of the reforms will be led by a number of experienced staff, including Lisa Eisenbud, director of child welfare monitoring and advocacy.

Among the many component sections of the reform plan is one entitled "Striving for Safety and Permanency in the Courts."

Recognizing that improvements in child welfare involve an integration among all affected agencies, this section created the Interagency Council for Children and Families (ICCF), which is charged most generally with reforming interagency practices to achieve permanence for children more quickly through the courts.

The ICCF is comprised of the Attorney General; the Director of the Administrative Office of the Courts; the Commissioner of the Department of Human Services; the Assistant Commissioner of the Division of Youth and Family Services (DYFS); the Public Defender; the Executive Director of the Juvenile Justice Commission and the Child Advocate.



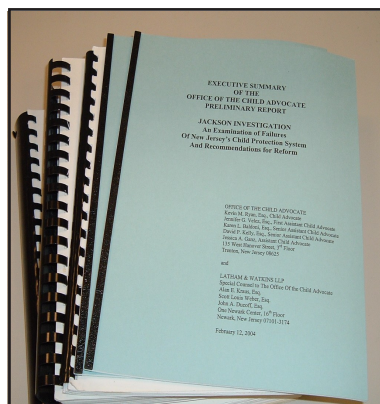
Lisa Eisenbud, MSW
Director of Child Welfare
Monitoring & Advocacy

Jennifer Velez, first assistant child advocate, chairs the ICCF subcommittee, charged with overseeing timely implementation of this section of the child welfare reform plan, including its various benchmarks and strategies.

To that end, the Office convenes subcommittee workgroup meetings, at least monthly, to identify problematic issues and solutions.

In this first year, the ICCF tackled timely notice of court proceedings to foster families, and bolstering the ranks of law guardians and deputy attorneys general charged to achieve permanence for children.

The Jackson Investigation



Upon learning in October 2003 of the discovery of four severely malnourished children, each adopted through the New Jersey Division of Youth and Family Services (DYFS), the Office of the Child Advocate commenced an investigation to determine whether systemic flaws in the child welfare system contributed to the failure to discover their profound malnourishment.

This intensive effort was assisted from the very beginning by Latham & Watkins, LLP, which contributed thousands of hours as *pro bono* counsel.

The Office comprehensively reviewed DYFS' regulations, policies and casework practice; DYFS' compliance with its own standards in connection with the evaluation of foster and adoptive homes; the performance of required safety assessments; and DYFS' interaction with collateral systems, including schools, municipal government and health care providers.

The Office issued a preliminary report on February 12, 2004, entitled "The Jackson Investigation: An Examination of Failures of New Jersey's Child Protection System and Recommendations for Reform."

This report diagnosed pervasive deficiencies in the practices of the public agency and put forth five core recommendations for reform, including a revised and expanded safety assessment process; coordinated medical care for foster children; integrated DYFS case practice; post-adoptive supports and the implementation of a quality assurance initiative.



First Assistant Child Advocate
Jennifer Velez, Esq. led the Office's
Jackson Investigation

On March 26, 2004, and July 2, 2004, the Department of Human Services (DHS) issued a corrective action plan and update, respectively, in response to the recommendations, which recognized the need for, and articulated a commitment to a comprehensive medical model for the children under its care. To that end, DYFS reported two interim steps.

(1) A partnership with the New Jersey chapter of the American Academy of Pediatrics (AAPNJ) to identify a network of trained and skilled pediatricians in every county who will provide medical care to children involved with DYFS.

(2) Aggressive enrollment of children in foster care and DYFS pre-adoptive homes into HMOs rather than fee-for-service to ensure better coordination and oversight of medical care.

The March and July 2004 corrective action plans also discussed three long-term strategies, two of which are contained in "A New Beginning: The Future of Child Welfare in New Jersey," the State's child welfare reform plan.

(1) DYFS hired a pediatrician as Medical Director to oversee all services, training, policies and coordinated program development regarding the health of children and families involved with DYFS.

(2) DYFS put in place at least one registered nurse and regional advanced practice nurses to provide supervision in every local DYFS office.

(3) All children newly entering foster care will be enrolled in Medicaid HMOs. Also, all children entering foster care will have a Comprehensive Health Evaluation for Children (CHEC) within 30 days of placement, and DYFS will develop the technology to maintain and track medical information electronically.

During the Jackson investigation, the Office petitioned the court to appoint Michael Critchely, Esq. on a *pro bono* basis to represent Bruce L. Jackson, who was without legal counsel to represent his interests. Additionally, the Office filed in federal district court a Certification in support of Marcia Robinson Lowry, Esq. to serve as *guardian ad litem* on behalf of K.J., T.J. and M.J. to protect their interests.

Children's Health Initiative

Health Status of Children in Foster Care

In September 2004, the Office of the Child Advocate undertook an assessment of the State's coordination of health care for a statistically relevant sample of children in out-of-home placements under the supervision of DYFS through four district offices.

The Office selected the Camden District Offices (Northern and Central) pursuant to ongoing monitoring efforts related to the Jackson investigation, and selected the Monmouth District Offices (Northern and Southern) because of the Office's understanding that this region had undertaken reforms relative to coordinating foster children's medical care. The audit produced three major findings.

(1) The quality of file information available for the audit was generally substandard, containing scattered documentation from various sources. The files were devoid of any meaningful synthesis or interpretation of medical history and conditions.

(2) Pre-placement examinations lacked standardization; significant disparities and inconsistencies existed among health care providers' methods of assessing health and recording information.

(3) DYFS caseworkers are unable to meaningfully track and coordinate a foster child's medical care because of the lack of standardization in the type of health information sought as children enter placement, the health records maintained for children during out of home placements are of variable quality, and centralized record-keeping is lacking.

On October 10, 2004, near the one-year anniversary of the discovery of the Jackson children, the Office issued specific public comments on DYFS' progress to date in establishing a coordinated system of quality medical care for foster children.

The Office stated that the "State's reported plans to establish a coordinated medical care model for foster children are ambitious and encouraging. We are dissatisfied, however, with the State's overall pace of implementing these reforms. On the one year anniversary of the discovery of the alleged starvation of the Jackson children, the State still does not have in place a medical safety net for foster children."

On October 12, 2004, DHS, to its credit, ordered foster children in New Jersey to be automatically enrolled in an HMO and assigned a case manager to ensure they receive proper medical care, beginning in January 2005. The State provided four specific exemptions, which the Office intends to monitor.

Based upon information learned from the Jackson update and the status of medical reforms for foster children, the Office plans to expand this audit during 2005, and assess the availability and accessibility of quality health care for children in foster care, and determine whether reforms ensure such medical services are provided in a coordinated and comprehensive manner.

Health Insurance for All Children

There are over 260,000 uninsured children in New Jersey, and nearly 200,000 of them are eligible for New Jersey FamilyCare, New Jersey's subsidized health insurance program.

Since July 2004, the Office of the Child Advocate has been working as part of a collaborative effort, under the leadership of Senator Joseph Vitale and Assemblyman Robert Morgan, M.D., to reform New Jersey FamilyCare and improve access to health insurance and quality health services for children and families.

This workgroup has enlisted the help of important advocates from the New Jersey Council of Teaching Hospitals, Legal Services of New Jersey, the Association for Children of New Jersey, the New Jersey Hospital Association, the New Jersey Association of Health Plans and other committed advocates.

One of the most obvious hurdles to enrollment is the application process. The cumbersome 12-page application form and the burdensome, lengthy and bureaucratic enrollment process are barriers to ensuring that our children are covered.

The Office has played an integral role in the architecture of legislative reforms to achieve universal health insurance for all New Jersey children by 2008, including a shorter application form that will be available online. The Office will continue its advocacy for the expansion and reform of New Jersey FamilyCare in early 2005.



Assemblyman Robert Morgan, M.D. and Senator Joseph Vitale announce the FamilyCare expansion plan.

Children's Health Initiative

Arthur Brisbane Child Treatment Center Investigation

From the first day in office, the Office of the Child Advocate has been committed to identifying and fixing systemic gaps in the child welfare system for children with mental illness.

In May 2004, the Office concluded a seven-month investigation into the conditions of care at the Arthur Brisbane Child Treatment Center, and issued a public report.

"The Arthur Brisbane Child Treatment Center Investigation: An Examination into the Conditions of Care and Recommendations for Reform," documented extensive gaps in care for some of the State's most vulnerable adolescents.

What began as a facility-specific inquiry, based upon community concerns for children's safety at Brisbane, expanded to include an examination of the State's broader system of mental health service delivery for children.



Keri Logosso, Esq. and Jonathan Sabin, MSW
Principal Brisbane Investigators

Interviews, site inspections, treatment records and personnel file reviews led us to conclude that, despite recent improvements at the highest management levels, Brisbane had failed to provide high quality and cost effective mental health services for children.

More importantly, Brisbane's failures are symptomatic of the State's overall mental health care system for children, which is fragmented and does not yet provide a full continuum of care.

In its response to our report, the State confirmed an agreement it reached with the New Jersey Child Welfare Panel to close Brisbane by December 2005.

The DHS has agreed to enact critical reforms to the children's mental health system, including building more community supports to provide less restrictive alternatives to Brisbane throughout 2004 and 2005.

Lead Poisoning Awareness Advocacy

The Office of the Child Advocate has joined the long-standing efforts of the American Civil Liberties Union, the Association for Children of New Jersey and Legal Services of New Jersey to work with the State to eliminate the entirely preventable, yet serious and prevalent, condition of lead poisoning, from the lives of New Jersey's children.

For too long, New Jersey's regulations have deviated from national standards and best practices related to the prevention of childhood lead poisoning.

Since the inception of the Office of the Child Advocate, the Office has worked to advocate that state regulations should be aligned with the United States Centers for Disease Control (CDC) guidelines, which set 10 micrograms per deciliter of blood as the trigger for a determination of an elevated blood lead level warranting intervention. The Office has similarly advocated to ensure that state screening laws effectively detect and trigger treatment for children at risk of lead poisoning or living with the disease.

The Office is also a member agency of the Interagency Task Force on the Prevention of Childhood Lead Poisoning. We contributed to the creation of New Jersey's Childhood Lead Poisoning Elimination Plan and submitted a letter to the CDC endorsing the State Plan.



Thanks to collective advocacy efforts, and the leadership of former Health Commissioner Clifton Lacy, the Elimination Plan now defines "elimination" as "no children with blood lead levels greater than 10 micrograms per deciliter" of blood, which conforms with CDC recommendations.

The plan was approved and submitted to the CDC in September 2004.

In addition to its regulatory advocacy, the OCA has prioritized public education as an important vehicle for eliminating childhood lead poisoning.

Keri Logosso, our director of health advocacy, also participated in a taping of a Caucus NJ: Families in Focus episode on childhood lead poisoning, which is set to air on the New Jersey Network in 2005.

In addition, staff participated in several public awareness campaigns throughout New Jersey during lead poisoning prevention week (October 24 – 31, 2004).

The Office's Fall newsletter included an article on childhood lead poisoning and the office website helps get important lead information out to New Jersey families.

In November 2004, the Office released a comprehensive report on the conditions of care for youth with mental health needs in New Jersey's 17 county juvenile detention centers.

"Juvenile Detention Center Investigation: An Examination of Conditions of Care for Youth with Mental Health Needs" culminates a year-long investigation and finds that many juvenile detention centers in New Jersey were routinely forced to house children above their rated capacities and were therefore overcrowded; youth with mental and behavioral health needs languish in detention for extensive periods of time in violation of State law; detention centers are grossly ill-equipped to care for youth with serious emotional disturbances; and youth with mental health needs are at great risk in these facilities.

Thousands of children are confined in county detention centers each year even after the family court orders the State to provide them with a child welfare or mental health placement.

State law directs that "when a juvenile has been adjudicated delinquent and is awaiting transfer to a dispositional alternative that does not involve a secure residential or out-of-home placement and continued detention is necessary, the juvenile shall be transferred to a non-secure facility."

Advocacy for Detained Children



Brian Hancock, Esq. and David Kelly, Esq.
Primary Juvenile Detention Investigators

Their continued detention is a plain violation of the law.

The report makes recommendations to the New Jersey Juvenile Justice Commission (JJJ), DHS, including the Division of Medical Assistance and Health Services, the County of Union, as well as multi-agency recommendations to state and county entities.

In the wake of the report, the JJC is leading a campaign to standardize suicide screening and mental health screening at all county detention centers in 2005. In addition, we have entered into a partnership with the JJC to develop and implement statewide a new training program for juvenile detention officers to identify and better serve children with mental health needs.

During our investigation, we discovered 90 reports of suicide threats or attempts at just three detention centers. Only 18 of those incidents were reported to the JJC, and just six of them were reported to DHS for investigation and follow-up.

The DHS and JJC have now taken an unprecedented step in agreeing to receive, review and, when appropriate, act upon every detained child's suicide threat or attempt. This reform could go far to protect children at risk for self harm.

Advocacy in Camden and Union Counties

Our monitoring efforts of the counties' juvenile detention centers focused with particularity on two centers: the Union Detention Center because of a teen suicide at the facility in May 2003 and the Camden Detention Center because of long-standing conditions of overcrowding.

On May 10, 2003, 17-year-old E.S. hanged himself with a bedsheet attached to a broken sprinkler head in a room at the Union County Detention Center.

E.S. had been detained in isolation, and was able to commit suicide within 13 hours after being arrested. The facility is old, ill-suited to its purpose and was overcrowded until the JJC imposed a cap on admissions.

In 2003, Camden's detention facility, with a licensed capacity of 37 children, operated with an average daily census of 91 youth. The census peaked in August of that year when, on a single day, it confined 131 youth.

We investigated conditions leading up to E.S.'s death and embarked upon intensive monitoring and advocacy initiatives to improve conditions for detained children. We also participated in the Juvenile Detention Alternatives Initiative, a project convened by the Juvenile Justice Commission under the auspices of the Annie E. Casey Foundation, to find safe and appropriate alternatives to detention for youth.

We requested that the County of Camden relocate girls out of the facility in order to free additional sleeping space and lower the census, which Camden leaders accomplished in August 2004 by purchasing detention center beds in neighboring counties' facilities.

In December 2004, the county took the historic step of agreeing to a "safety valve" mechanism, permitting no more than 62 youth in the detention center and agreeing to purchase beds in neighboring counties for children detained in excess of the agreed-upon number.

As a result of these efforts and the critically important leadership of the Camden judiciary and the JDAI forum, the average daily census for the Camden center in December 2004 was half of the 2003 average daily population.

Both Camden and Union counties initiated large capital projects in 2004 to improve conditions for detained children. Camden is undertaking the construction of a new facility, scheduled to open in late 2005.

Union acquired property and began site demolition to erect and inhabit a new juvenile facility in 2006. The newly installed chairman of the Union County Board of Freeholders described the construction of a modern facility for detained youth as his highest priority in public remarks following his swearing in.

Monitoring of the Institutional Abuse Investigation Unit

The Office of the Child Advocate is statutorily mandated to monitor and evaluate the activities and practices of the Institutional Abuse Investigation Unit (IAIU), which is a part of the New Jersey Department of Human Services. The IAIU investigates allegations of abuse and neglect within the Division of Youth and Family Services' own placements, which include private or public facilities, in or out of New Jersey, that provide children with out-of-home care, supervision or maintenance.

The Office's monitoring of the unit includes the review of daily referrals and resulting investigative reports prepared by the IAIU. Additionally, a quarterly review of referrals involving facilities is conducted. Office intervention occurs when it is deemed necessary and appropriate and can range from follow-up on the status of investigations to conducting investigations and calling for corrective action by the IAIU.

In addition to these routine monitoring activities, the Office completed its first annual audit of the IAIU in December 2004. The OCA, in partnership with the Rutgers University School of Social Work - Center for Children and Families, completed a statewide audit of 161 randomly selected IAIU investigative files.

The audit consisted of a comprehensive analysis of timeliness and completeness of investigations, the adequacy of professional judgment and appropriateness of investigative findings of abuse or neglect. The results of the 2004 audit will be made available to the public on February 3, 2005.

The goals of the OCA's ongoing monitoring activities are (1) to monitor the screening of institutional abuse allegations; (2) to determine if the safety of each child potentially at risk of abuse or neglect has been secured at the termination of the investigation; (3) to ascertain if the investigative activities of the IAIU lead to safer out-of-home placements for the children of New Jersey; and (4) to identify out-of-home settings where children are potentially at risk.



Adrienne Bonds, Esq. and Arburta Jones, MPA
Lead Staff of IAIU audit

Child Fatality Investigations

Throughout 2004, the Office of the Child Advocate conducted in-depth reviews of the child welfare system's involvement with children who died due to suspected abuse and neglect after a recent involvement with DYFS.

The Office's report, released on December 9, 2004, detailed the child welfare system's involvement with 12 families whose children died between January 7, 2004 and August 22, 2004, fitting those criteria.

The purpose of these reviews is to identify systemic issues in and among the agencies empowered to keep children safe and families strong, and to develop recommendations for reform. The Office released its findings into the 12 child fatality investigations in December 2004.

DYFS' total involvement with these families occurred before DHS began aggressively implementing its child welfare reform plan, which promises to remake a long-broken child welfare system and institutionalize changes to strengthen New Jersey families and protect our children.

The plan is funded in large part by an increased State appropriation to rebuild the child welfare system, which became effective in July 2004.

Our fatality report is not a reflection of where DHS is headed and is certainly not a verdict on the child welfare reform plan. The report reminds us of the mountainous challenges that confront the public leaders, staff and advocates whose work will define success for children at risk of abuse and neglect.

The report includes investigations with respect to the following children:

Navon Collins (4 mos.)

Samuel Allen (5 yrs.)

Arianna Ellis (1 mo.)

Kedar Norris (5 yrs.)

Jibril Fuller (3 yrs.)

Ajee Anderson (9 yrs.)

Sharon Jones (1 yr.)

Iliana Weiner (2 yrs.)

Christian Stokes (4 yrs.)

J.A. (17 yrs.)

Jeffrey Johnson (4 mos.)

Jmeir White (1 yr.)

Bureau of Citizen Complaints

We established our Bureau of Citizen Complaints (BCC) in order to provide timely individual advocacy for children who are at risk of abuse and neglect in the child welfare (protective, placement and permanency services), mental health, juvenile justice or educational systems.

BCC staff monitor and track the issues raised by callers to our toll-free helpline, in order to identify systemic barriers encountered by New Jersey's children and also to inform the OCA's ongoing project based work.

We established the following criteria, to determine when, and to what extent, the BCC should intervene on behalf of a child: the complaint presents facts alleging that a child's well being is at stake; there is no child advocate or legal representative in the case;¹ the complaining party has exhausted other formal avenues of relief; and the complaint sets forth facts which, if true, demonstrate that an issue or case was "mishandled."

It is important to note that the BCC is not a "first response" agency. Citizens who contact the BCC to report allegations of abuse or neglect are directed to the DYFS centralized screening reporting line.

Members of the public are able to contact the BCC via its toll-free helpline number, the OCA website, or mail. From the OCA's inception in October 2003 through mid-December 2004, more than 1,300 individuals have called and 155 individuals have written letters to the BCC seeking assistance. From February 2004, when the OCA website was created, through mid-December 2004, more than 95 individuals have submitted electronic requests for assistance.

Citizens sought the BCC's assistance with matters involving DYFS, the Institutional Abuse Investigation Unit, the Division of Medical Assistance and Health Services, and the Division of Developmental Disabilities.

The BCC provided support with matters involving the Office of the Public Defender, the Department of Education and local school districts, and county juvenile detention centers. In addition, individuals contacted the BCC seeking assistance in matters pending before the judiciary.

The BCC has liaisons in other state agencies with whom BCC staff discuss cases directly and advocate for appropriate resolution, or to whom the BCC may directly refer citizens for further assistance.

In matters where concerns are raised regarding DYFS' interaction with a child, and the issues presented warrant further assessment, the BCC reviews children's DYFS case files and forwards noted concerns to DYFS for an agency response.



**Bureau of Citizen
Complaints Helpline**

1-877-543-7864

1. If the action or inaction of the child advocate or legal representative is a part of the complaint, this criterion does not apply.

Office of the Child Advocate

Catherine A. Ashman

Assistant Child Advocate

Karen Baldoni, Esq.

Director of the Bureau of Citizen Complaints

Kate Bernyk

Public Information Officer

Adrienne M. Bonds, Esq.

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Director of Litigation

Lisa Eisenbud, MSW

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